

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR LICENSURE**  
**GENETIC COUNSELOR**

DOPL-AP-105 REV 01/28/2002

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all the instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. Submit official transcripts documenting a Masters Degree from a program accredited by the American Board of Genetic Counseling, OR  
a Doctoral degree from a medical genetics training program accredited by “the American Board

Have the school mail these official transcripts to you to be included with your application.

2. Submit official documentation of National certification from the American Board of Genetic Counseling or “the American Board of Medical Genetics.” If you are applying for a temporary license, submit official documentation of Active Candidate Status.
3. If you are applying by endorsement (currently licensed in another State), using the “Request for Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as a genetic counselor.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

4. Submit the \$150.00 non-refundable application processing fee for a genetic counselor’s license.
5. If you are applying for a temporary license, in addition to a complete application for licensure and processing fees, submit the following:
  - ☐ A “Genetic Counselor Temporary License Request” form.
  - ☐ The \$50.00 non-refundable Temporary License fee.

#### **Additional Important Information:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a genetic counselor.

The following applicable laws and rules are available on the Internet at <http://www.dopl.utah.gov>

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Genetic Counselor Licensing Act
- ☐ Genetic Counselor Licensing Act Rules

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, telephone (801) 355-5009.

2. **Temporary License Information:** Your application for licensure as a genetic counselor must be submitted in conjunction with the submission of a “Genetic Counselor Temporary License Request” form. The verified information contained in the application for licensure will be the basis upon which a decision is made to issue the temporary license.

The normal processing time is approximately fifteen (15) working days from the date the request for Temporary License and a complete application is received. You may not work until the Temporary License is issued. Do not make commitments to a potential employer to commence work prior to the time the Division requires to process your temporary license.

Once you have received your certification examination results, you must forward a copy to the Division to complete the application process.

3. Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division to verify that you have current versions.
4. A Genetic Counselor license expires September 30 of even numbered years. The renewal fee is \$135.00.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6628

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR: Genetic Counselor**

**PROFESSIONAL EDUCATION REQUIREMENT (most current first, use additional sheets if necessary):**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Specialty: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Specialty: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**NATIONAL CERTIFICATION EXAMINATION REQUIREMENT:**

Certifying Body: \_\_\_\_\_

Specialty: \_\_\_\_\_

\*Dates exam taken:

Results:

1. \_\_\_\_\_

Pass

Fail

2. \_\_\_\_\_

Pass

Fail

3. \_\_\_\_\_

Pass

Fail

4. \_\_\_\_\_

Pass

Fail

**LICENSES:**

List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any health care profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

License Status: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

License Status: \_\_\_\_\_

# QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?



12. \_\_\_\_\_ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_\_ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. \_\_\_\_\_ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
16. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. \_\_\_\_\_ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. \_\_\_\_\_ Are you currently using or have you recently(within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. \_\_\_\_\_ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

**If you answered “yes” to question 21 or 22 you must include with your application, a copy of the police report, court docket, and probation / parole officer report for EACH and EVERY arrest and / or conviction within the past ten years.**

- 23. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
- 24. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
- 25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license, however, additional documentation may be requested by the Division if the information submitted is insufficient.

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:\_\_\_\_\_

Date of Signature:\_\_\_\_\_

Printed Name of Applicant:\_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## REQUEST FOR VERIFICATION OF LICENSE

### TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or Fax it directly to the Division or return it to you for submission with your application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the State of Utah as a \_\_\_\_\_

I am/have been licensed in your State under the name \_\_\_\_\_

My Social Security Number is \_\_\_\_\_

My Date of Birth is \_\_\_\_\_

My license number in your State is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes      \_\_\_\_\_ No, please elaborate \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, From What State \_\_\_\_\_

\_\_\_\_\_ Waiver, \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No      \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, ect.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)

Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## **GENETIC COUNSELOR TEMPORARY LICENSE REQUEST**

### **TO BE COMPLETED BY APPLICANT:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Employing Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employment Begins: \_\_\_\_\_

I hereby certify that I will not practice until I have been granted a Temporary License. Once the Temporary License has been issued, I will only practice under the general supervision of a supervising practitioner.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **TO BE COMPLETED BY SUPERVISING PRACTITIONER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_ License No.: \_\_\_\_\_

I hereby certify that I am a licensed practitioner in good standing and I will supervise the practice of the above named applicant.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_